

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549860

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7		0		4		
8		0		4		
9		0		4		
10		0		4		
11		0		4		
12		0		4		
13		0		4		
14		0		4		
15		0		4		
16		0		4		
17		0		4		
18		0		4		
19		0		4		
20		0		4		
21	1		1			
22						
23		1		1		
24		3		2		
25		0		2		
26	1					
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49						
50						
TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	30	←	48	←		←
TOTAL CLAIMS	34		51			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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